GO-ArboNet Membership Application Form v2

Global One Health Arbovirus Network (GO-ArboNet)
This form is for entities seeking formal membership of GO-ArboNet, a WHO-managed collaborative network and coordination platform. GO-ArboNet connects and strengthens existing networks and institutions working on arbovirus preparedness, surveillance and response, with flexibility to support other emerging zoonotic viral threats where collaboration across existing networks adds value.

Participation is voluntary and preserves participating organisations' governance, ownership, mandates, workplans, data, partnerships and decision-making authority. Strategic partners invited by WHO outside the formal membership process do not need to complete this form.

Read the GO-ArboNet Terms of Reference before applying. Provide concise responses and refer to supporting documents where relevant. You do not need to repeat information already provided elsewhere in this application. The primary contact is the application contact and is not automatically the Participant formally nominated by a Member.

Required questions are identified below. Follow-up questions apply only when indicated.

* Required

Section 1. Applicant and Contact Details

1. ***Name of applicant entity***
   Provide the full name and acronym, if applicable *

2. ***Year established*** *

   The value must be a number

3. ***Institutional or legal status***
   Select the status of the applicant. If the applicant is hosted by another institution, identify its host and explain the arrangement in question **11** or **18**. *

   - ◯ Governmental or public entity
   - ◯ United Nations organization
   - ◯ Intergovernmental organization
   - ◯ Non-State actor
   - ◯ Other or unsure — specify briefly

4. ***Applicant Website***
Provide a website address, or enter “No website”.

5. ***Applicant type***
Select all that apply *

- [ ] Regional or sub-regional surveillance network
- [ ] One Health network
- [ ] Vector surveillance or vector control network
- [ ] Laboratory network
- [ ] Research or technical network
- [ ] United Nations organization
- [ ] Intergovernmental organization
- [ ] Other relevant collaborative platform

6. ***Other applicant type***
Please specify.

7. ***Geographical scope*** *

- ◯ Global
- ◯ Regional
- ◯ Sub-regional
- ◯ National
- ◯ Other

8. ***Other geographical scope***
Please specify.

9. ***Countries or regions covered***
   Identify the main countries or regions covered. Global entities may enter “Global” and note any priority regions. *

10. ***Membership size***
    For a membership organization or network, provide the approximate number of member organizations and countries represented, if known.

11. ***Secretariat or coordinating institution***
    If applicable, provide its name, country and website. Include the host institution if different from the applicant. Do not repeat details already given above.

12. ***Primary contact name*** *

13. ***Primary contact title or role*** *

14. ***Primary contact organization***
    Complete only if different from the applicant or coordinating institution already identified.

15. ***Primary contact email*** *

16. ***Primary contact telephone***
    Include the country code.

Section 2. Entity and relevant experience

17. ***Mission and objectives***
Briefly describe your entity's mission and objectives. You may refer to a supporting document. *

18. ***Governance and accountability***
Briefly describe the entity's structure, decision-making and accountability arrangements. If it is a membership organization, explain how it represents and is authorised to speak for its participants. Where a supporting document contains this information, give the relevant document and section reference. *

19. ***Main areas of expertise*** *

- [ ] Human surveillance
- [ ] Animal surveillance
- [ ] Entomological or vector surveillance
- [ ] Vector control
- [ ] Environmental surveillance
- [ ] Laboratory diagnostics
- [ ] Genomic surveillance
- [ ] Assay evaluation and validation
- [ ] External quality assessment
- [ ] Data sharing
- [ ] Specimen sharing

- [ ] Risk assessment
- [ ] One Health
- [ ] Capacity strengthening and workforce development
- [ ] Technology transfer
- [ ] Emergency preparedness
- [ ] Outbreak response
- [ ] Other

20. ***Other area of expertise***
Please specify.

21. ***Relevant experience and support for WHO's work***
Summarize your entity's relevant activities and public health contributions during the past three years, including documented support for WHO's work on arbovirus or emerging zoonotic viral threat preparedness, surveillance and response. Give two or three examples and refer to supporting evidence. An existing formal agreement with WHO is not required. *

22. ***Main partnerships***
List your main collaborating networks, organizations or initiatives. Include relevant collaboration with WHO headquarters, Regional Offices, Country Offices, WHO Collaborating Centres or WHO-supported initiatives, unless already covered in question 21.

Section 3. Contribution and commitment

23. **Proposed contribution to GO-ArboNet**
Describe the practical contribution your entity could make to one or more of the following objectives:

- Strengthen coordination across networks and sectors
- Facilitate timely, trusted and equitable data and specimen sharing
- Strengthen diagnostic preparedness and response
- Promote operational efficiency and collective impact

Where relevant, explain how your work connects human, animal, vector or environmental health through a One Health approach. Do not repeat your experience summary. *

24. ***Commitment to collaboration***
Can your entity commit, as appropriate and where feasible, to participating in annual meetings and relevant Working Groups; sharing expertise, tools and lessons learned; contributing to collaborative activities; promoting coordination and mutual learning; and identifying opportunities to reduce duplication? *

- ◯ Yes
- ◯ Yes, with qualifications or limitations
- ◯ No

25. ***Qualifications or limitations***
Explain any limitations or aspects to which your entity cannot commit. *

Section 4. Eligibility and supporting documents

26. ***Eligibility confirmation***
Confirm that your entity meets all applicable criteria below:

- Its aims and purposes are consistent with the WHO Constitution and WHO policies.
- It contributes significantly to public health and GO-ArboNet's vision, goal and objectives.
- It demonstrates documented support for WHO's work on arbovirus and emerging zoonotic viral threat preparedness, surveillance and response.
- It respects WHO's intergovernmental nature and the decision-making authority of Member States.
- It is actively working at national, regional or global level in relevant preparedness, surveillance and response, with at least three years of proven relevant experience and expertise.
- It has an established structure, constitutive act and accountability mechanism.
- If it is a membership organization, it has authority to speak for its participants and a representative structure.

*

◯ I confirm that the entity meets all applicable criteria.

◯ I cannot confirm all applicable criteria.

27. ***Eligibility clarification***
Identify the criterion or criteria you cannot confirm and explain briefly. *

28. If no document link is available, upload the document using the file-request link below, then enter the uploaded filename. Include your entity name in each filename so the Secretariat can match it to your application.

EoI Supporting Documents

29. ***Governance and institutional documentation***
Provide links or uploaded filenames covering: (a) a constitutive document, such as Terms of Reference, by-laws or a constitution; (b) governance and membership structure, where applicable; and (c) names and affiliations of members of the main decision-making body or bodies. Identify which document or section covers each item. *

30. ***Evidence of relevant activities***
Provide links or uploaded filenames for relevant publications, reports or activity summaries covering the past three years and supporting question 21. An annual report may be used if available; no separate annual report is needed where the same evidence has already been provided. *

31. ***Letter of endorsement***

Provide a link or uploaded filename for a letter from the entity's secretariat, coordinating institution or authorised representative endorsing this application. *

Section 5. Additional information for non-State actors

Complete this section if the applicant is a non-State actor. Refer to information or documents already supplied where they cover these requirements. Eligible non-State actors must sign the WHO letter of participation and tobacco-arms disclosure statement without alteration; the Secretariat will advise on the required submission arrangements.

32. ***Legal status documentation***
Provide details, a document link, an uploaded filename or a reference to information already supplied that establishes the entity's legal status. *

33. ***Assets and annual income***
Provide the entity's assets and annual income, identifying the reporting period and currency, or give a document link, uploaded filename or reference containing this information. *

34. ***Funding sources***
Provide the entity's funding sources, including its donors and sponsors, or give a document link, uploaded filename or reference containing this information. *

35. ***Main relevant affiliations***
Provide the entity's main relevant affiliations, or refer to information already supplied. *

36. ***Website clarification***
If your entity has no website, explain briefly for Secretariat review. Otherwise enter "Website provided in question 4". *

Section 6. Disclosure and declaration

37. ***Matters requiring disclosure***
Is there any existing or potential conflict of interest, institutional affiliation, funding arrangement or other consideration that WHO should be aware of when reviewing this application? *

- ◯ No
- ◯ Yes

38. ***Disclosure details***
Please describe the matter requiring disclosure. *

39. ***Accuracy and authority declaration***
I certify that the information provided in this application is accurate and complete and that I am authorised to submit this application on behalf of the applicant entity. *

- ◯ I confirm

40. ***Terms of Reference declaration***
I confirm that I have read the GO-ArboNet Terms of Reference and understand the applicable membership responsibilities and conditions, including conduct, attendance and withdrawal, communications, confidentiality, intellectual property and participation expenses. *

- ◯ I confirm

41. ***Authorized representative***
Is the authorized representative making these declarations the primary contact named above? *

- ◯ Yes
- ◯ No

42. ***Different authorized representative details***
Provide the authorized representative's full name, title and organization. *

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